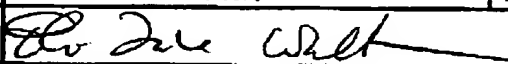
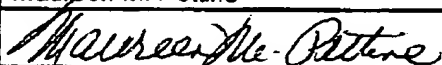


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JUN 13 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)  Total Number of Pages in This Submission: 7	Application Number	09/964,390
	Filing Date	September 28, 2001
	First Named Inventor	Larry D. Woodring
	Art Unit	2642
	Examiner Name	Q. H. Nguyen
	Attorney Docket Number	BS01379
<b>ENCLOSURES</b> (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Name (Print/Type)	Bambi Faivre Walters	Reg. No.: 45,197
Signature		
Date	JUNE 13, 2006	

<b>CERTIFICATE OF TRANSMISSION / MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	06/13/06
Signature			

JUN 13 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Larry D. Woodring      Group Art Unit: 2642  
Application No.: 09/964,390      Examiner: Q. H. Nguyen  
Filed: September 28, 2001      Docket No.: BLS01379  
Title: "Systems and Methods for Providing User Profile Information in  
Conjunction with an Enhanced Caller Information System"

VIA FACSIMILE 571-273-8300

Attn: Examiner Q. H. Nguyen

## 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States  
Patent and Trademark Office on: 06/13/06 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

June 13, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark  
Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).  
The references are as follows:

6,434,394	Grundvic, et al.	08/2002
6,317,781	DeBoor, et al.	11/2001

This Information Disclosure Statement is being submitted after the mailing of a first  
Office Action in this application and therefore, a certification fee is believed to be required  
(37 CFR § 1.97(b)(3)).

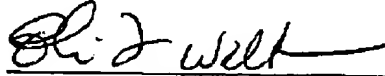
06/14/2006 MBHAS 00000016 09964390

01 FC:1806

180.00 OP

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: JUNE 13, 2006

JUN 13 2006

**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/964,390
Filing Date	September 28, 2001
First Named Inventor	Larry D. Woodring
Examiner Name	Q. H. Nguyen
Art Unit	2642
Attorney Docket No.	BLS01379

**TOTAL AMOUNT OF PAYMENT****\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

**The Director is authorized to: (check all that apply)**☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES			SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

360

180

Multiple Dependent Claims

- 20 or HP =

x \_\_\_\_\_

= \_\_\_\_\_

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP =

x \_\_\_\_\_

= \_\_\_\_\_

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total SheetsExtra Sheets

/ 50

(round up) x \_\_\_\_\_

Fee (\$)Fee Paid (\$)

- 100 =

\_\_\_\_\_ =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

Supplemental IDS Fee

180.00

**SUBMITTED BY:**

Complete (if applicable)

Name (Print/Type)

Bambi F. Walters

Registration No.  
(Attorney/Agent)

45,197

Telephone:

(757) 253-5729

Signature*Bambi F. Walters*Date

6/13/06

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 09/964,390  
Filing Date September 28, 2001  
First Named Inventor Larry D. Woodring  
Examiner Name Q. H. Nguyen  
Art Unit 2642  
Attorney Docket No. BLS01379

## TOTAL AMOUNT OF PAYMENT

\$180.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

## The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (Including Reissues)

Each independent claim over 3 (Including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

x

Fee Paid (\$)

=

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x

Fee Paid (\$)

=

HP=highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

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Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS Fee

Fee Paid (\$)

180.00

## SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.

(Attorney/Agent)

45,197

Complete (if applicable)

Telephone:

(757) 253-5729

Signature

*Bambi F. Walters*

Date

6/13/06

